

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mw</i>		05 31 01
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		11/1/01
FORMALITY REVIEW	<i>[Signature]</i>	122	11/1/01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)..... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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